Bankers Life and Casualty Company

Maximum Daliay Danafit Amay

GR-N350

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum P	olicy beliefle		Elimination F	enous				
✓ 1 Yr.✓ 5 Yrs.✓ See compa	✓ 2 Yrs. ✓ 6 Yrs. ny's notes, pp 1	✓ 3 Yrs. ☐ 7 Yrs. 03-121	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 60 c✓ 90 c☐ 100	days	TYPE ☐ Calence ✓ Service	lar Day
Nursing Home Daily Benefit Amounts				Inflation Pro	tection			
\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.				✓ 5% Compound✓ 5% Simple		☐ Guaranteed Purchase Option ☑ See company's notes, pp 103-		
✓ per day✓ per week✓ per month✓ See notes, pp 103-121✓ Not Available				E 370 Ompte		121	arry 3 rioles	, ρρ 100-
Home Care	Benefit Amou	unts		Residential (Care Fa	cility Daily I	Benefit A	mounts
Represents th Benefit Amour	e percentage of nt.	the Nursing H	ome Daily	Represents the percentage of the Nursing Home Daily Benefit Amount.				Daily
✓ 100%☐ 70%☐ See compa	☐ 90% ☐ 60% ny's notes, pp 1	□ 80% ☑ 50% 03-121	□ 75%	✓ 100% □ 70%	□ 90% □ See c	☐ 809 ompany's no		75% 3-121

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$431	\$1,135	\$388	\$1,020	\$685	\$1,916
55	\$571	\$1,429	\$514	\$1,285	\$903	\$2,375
60	\$816	\$1,868	\$734	\$1,679	\$1,273	\$3,036
65	\$1,230	\$2,505	\$1,106	\$2,251	\$1,887	\$3,994
70	\$1,983	\$3,532	\$1,782	\$3,174	\$2,991	\$5,540
75	\$3,184	\$5,045	\$2,862	\$4,535	\$4,666	\$7,663
80	\$4,951	\$7,370	\$4,450	\$6,624	\$0	\$0

BC Life & Health Insurance Company

care within 90 days.

PFTQ-02-0102

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. ✓ 0 days ✓ 60 days TYPE ☐ 20 days ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ☐ Lifetime Calendar Day ☐ See company's notes, pp 103-121 ✓ 30 days ☐ 100 days ☐ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$350 maximum per [day, week or month] ☐ Guaranteed Purchase Option offered in increments of \$10. ✓ 5% Simple ☐ See company's notes, pp 103-✓ per day per week per month 121 □ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75% 70% 60% **✓** 50% □ 70% ☐ See company's notes, pp 103-121 ☐ See company's notes, pp 103-121 Waiver of Premium

Annual premium amount for Comprehensive Long-Term Care Policy

with a \$100 daily benefit amount.

wavied following 90 consecutive days of nursing facility confinement OR on a quartely basis after 30 days of covered

30 Day Elimination Period.			90 Day Elimi	nation Period.	90 Day Elimination Period.	
3 Y	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
55	\$582	\$1,217	\$529	\$1,107	\$861	\$1,873
60	\$775	\$1,533	\$704	\$1,394	\$1,157	\$2,365
65	\$1,147	\$2,027	\$1,043	\$1,842	\$1,727	\$3,136
70	\$1,829	\$3,052	\$1,663	\$2,774	\$2,773	\$4,735
75	\$2,946	\$4,596	\$2,678	\$4,178	\$4,483	\$7,026
80	\$4,748	\$6,575	\$4,316	\$5,978	\$7,262	\$10,061

BC Life & Health Insurance Company

PFTQ-03-0102

Tax Qualified		prenensive Lo	ong-Term Care	. This is an ind	ividuai type p	olicy and is	ciassified as
Maximum F	Policy Benefit	Amounts		Elimination F	Periods		
☐ 1 Yr. ✓ 5 Yrs. ☐ See compa	✓ 2 Yrs. ☐ 6 Yrs. Iny's notes, pp 1	✓ 3 Yrs. ☐ 7 Yrs. 03-121	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 60 days✓ 90 days☐ 100 day		TYPE Calendar Day Service Day
Nursing Home Daily Benefit Amounts				Inflation Pro	tection		
\$50 minimum to \$350 maximum per [day, week or month] offered in increments of \$10. ✓ per day ☐ per week ☐ per month ☐ See notes, pp 103-121 ☐ Not Available			1	✓ 5% Comple		ee company's	rchase Option notes, pp 103-
Home Care	Benefit Amo	unts		Residential (Care Facility	/ Daily Ben	efit Amounts
Represents the Benefit Amou	ne percentage of nt.	the Nursing H	lome Daily	Represents the Benefit Amount		f the Nursing	Home Daily
✓ 100% ☐ 70% ☐ See compa	☐ 90% ☐ 60% any's notes, pp 1	□ 80% □ 50% 03-121	□ 75%	✓ 100% □ 70%	☐ 90% ☐ See comp	□ 80% any's notes,	☐ 75% pp 103-121
Waiver of P	remium						

Waived on a quarterly basis after receiving 15 days of covered care or services (home or facility) within 90 days.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	nation Period.	90 Day Elimination Period.	
3 Y	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
55	\$652	\$1,364	\$592	\$1,240	\$921	\$2,004
60	\$868	\$1,717	\$789	\$1,561	\$1,238	\$2,530
65	\$1,284	\$2,270	\$1,168	\$2,064	\$1,848	\$3,355
70	\$2,067	\$3,448	\$1,879	\$3,135	\$2,995	\$5,114
75	\$3,329	\$5,193	\$3,026	\$4,721	\$4,842	\$7,588
80	\$5,365	\$7,430	\$4,877	\$6,755	\$7,843	\$10,866

Combined Insurance Company of America

14785-CA

This policy for Tax Qualifie		prehensive L	ong-Term Care.	. This is an Ind	ividual type pol	licy and is classified as
Maximum F	Policy Benefit	Amounts		Elimination F	Periods	
✓ 1 Yr.	☐ 2 Yrs.	☐ 3 Yrs.	☐ 4 Yrs.	\square 0 days	✓ 60 days	TYPE
☐ 5 Yrs.	☐ 6 Yrs.	☐ 7 Yrs.	☐ Lifetime	☐ 20 days		\square Calendar Day
☐ See compa	any's notes, pp 1	03-121		✓ 30 days	\square 100 days	Service Day
Nursing Home Daily Benefit Amounts			8	Inflation Pro	tection	
\$50 minimum to \$250 maximum per [day, week or month] offered in increments of \$10.			veek or month]	✓ 5% Compo	ound 🗌 Gua	ranteed Purchase Option
✓ per day	☐ per week	☐ per mont	th			company's notes, pp 103-
☐ See notes, p	p 103-121	☐ Not Avai	lable		121	
Home Care	e Benefit Amo	unts		Residential Care Facility Daily Benefit Amounts		
Represents the Benefit Amou	he percentage o	f the Nursing	Home Daily	Represents the percentage of the Nursing Home Daily Benefit Amount.		
✓ 100%	□ 90%	□ 80%	□ 75%	✓ 100%	□ 90%	□ 80% □ 75%
□ 70%	□ 60%	✓ 50%		□ 70%	☐ See compar	ny's notes, pp 103-121
☐ See compa	any's notes, pp 1	103-121				
Waiver of F	Premium					

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Premiums are waived after benefits have been paid for (90) consecutive days.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$460	\$1,120	\$400	\$980	\$640	\$1,560
55	\$620	\$1,430	\$540	\$1,250	\$860	\$2,000
60	\$890	\$1,910	\$780	\$1,670	\$1,250	\$2,680
65	\$1,390	\$2,640	\$1,220	\$2,320	\$1,890	\$3,580
70	\$2,270	\$3,810	\$1,990	\$3,340	\$2,900	\$4,870
75	\$3,920	\$6,040	\$3,440	\$5,300	\$5,150	\$7,930
80	\$6,370	\$9,170	\$5,590	\$8,050	\$8,310	\$11,970

CUNA Mutual	Life	Insurance	Company	,

2002-LTC-COMP(CA)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ✓ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. ☐ 0 days ✓ 60 days TYPE ☐ 20 days ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ✓ Lifetime ☐ Calendar Day ☐ See company's notes, pp 103-121 ✓ 30 days ☐ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$500 maximum per [day, week or month] ☐ Guaranteed Purchase Option offered in increments of \$10. ☐ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 □ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% **✓** 75% **✓** 100% 90% 80% 75% 70% 60% **✓** 50% □ 70% ☐ See company's notes, pp 103-121

Waiver of Premium

✓ See company's notes, pp 103-121

During a period of care, premiums are waived on monthly basis if: 1) certified as chronically ill;2) have plan of care; 3) satisfied elimination period; & 4) receiving benefits. Surviving spouse/partner waiver waives prems. if have identical policies.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Y	ear Maximum P	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	\$994	\$340	\$887	\$640	\$1,670
55	Not Available	\$1,210	\$450	\$1,080	\$820	\$1,968
60	Not Available	\$1,576	\$670	\$1,407	\$1,240	\$2,604
65	Not Available	\$2,096	\$990	\$1,871	\$1,840	\$3,478
70	Not Available	\$2,901	\$1,570	\$2,591	\$2,910	\$4,802
75	Not Available	\$3,972	\$2,480	\$3,546	\$4,510	\$6,449
80	Not Available	\$5,924	\$4,100	\$5,289	\$7,470	\$9,636

General Electric Capital Assurance Company

7024C

This policy form is for Comprehensive Long-Term Care. Tax Qualified.				. This is an Ind	ividual type p	olicy and is	classified as
Maximum P	Policy Benefit	Amounts		Elimination Periods			
☐ 1 Yr. ☐ 5 Yrs. ☐ See compa	✓ 2 Yrs. ✓ 6 Yrs. ny's notes, pp 1	✓ 3 Yrs. ☐ 7 Yrs. 03-121	✓ 4 Yrs. ✓ Lifetime	☐ 0 days ☐ 20 days ☑ 30 days	☐ 60 days ☐ 90 days ☑ 100 days		TYPE Calendar Day Service Day
Nursing Home Daily Benefit Amounts				Inflation Pro	tection		
\$50 minimum to \$250 maximum per [day, week or month] offered in increments of \$1. ✓ per day ☐ per week ☐ per month			✓ 5% Comp✓ 5% Simple	e ✓ Se	✓ See company's notes, pp 103-		
☐ See notes, p	p 103-121	☐ Not Availa	able		12	1	
Home Care	Benefit Amo	unts		Residential Care Facility Daily Benefit Amounts			
Represents th Benefit Amou	ne percentage of nt.	the Nursing F	lome Daily	Represents the Benefit Amount		the Nursing	Home Daily
✓ 100% ☐ 70% ☐ See compa	☐ 90% ☐ 60% iny's notes, pp 1	□ 80% □ 50% 03-121	□ 75%	✓ 100% □ 70%	☐ 90% ☐ See compa	□ 80% any's notes, _l	☐ 75% pp 103-121
Waiver of P	remium						

Waiver of premium applies once the elimination period has been satisfied.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			100** Day Elir	mination Period.	100** Day Elimination Period.	
3 \	ear Maximum P	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	\$0	\$410	\$840	\$660	\$1,330
55	Not Available	\$0	\$480	\$950	\$800	\$1,580
60	Not Available	\$0	\$680	\$1,260	\$1,100	\$2,110
65	Not Available	\$0	\$970	\$1,720	\$1,600	\$2,960
70	Not Available	\$0	\$1,510	\$2,460	\$2,490	\$4,140
75	Not Available	\$0	\$2,510	\$3,790	\$4,080	\$6,300
80	Not Available	\$0	\$4,030	\$5,590	\$6,300	\$9,250

General Electric Capital Assurance Company

7035AX

This policy form is for Compact Compac	prehensive Lo	ong-Term Care.	. This is an Indi	vidual type polic	cy and is classified as
Maximum Policy Benefit		Elimination Periods			
 ☐ 1 Yr. ☑ 2 Yrs. ☐ 5 Yrs. ☑ 6 Yrs. ☐ See company's notes, pp 1 	✓ 3 Yrs. ☐ 7 Yrs. 03-121	✓ 4 Yrs.✓ Lifetime	☐ 0 days ☐ 20 days ☑ 30 days	☐ 60 days ☑ 90 days ☐ 100 days	TYPE ☐ Calendar Day ☐ Service Day
Nursing Home Daily Benefit Amounts			Inflation Prot	tection	
\$50 minimum to \$250 maximum per [day, week or month] offered in increments of \$1. If per day per week per month See notes, pp 103-121 Not Available			✓ 5% Compo		anteed Purchase Option ompany's notes, pp 103-
Home Care Benefit Amo			Residential Care Facility Daily Benefit Amounts		
Represents the percentage of Benefit Amount.	f the Nursing H	lome Daily	Represents the percentage of the Nursing Home Daily Benefit Amount.		
 ✓ 100% ☐ 90% ☐ 60% ✓ See company's notes, pp 1 	□ 80% □ 50% 03-121	□ 75%	✓ 100% □ 70%	☐ 90% ☐ ☐ See company	☐ 80% ☐ 75% ''s notes, pp 103-121
Waiver of Premium					

Wiaver of premium applies once the elimination period has been satisfied.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimination Period.		90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$590	\$1,102	\$500	\$1,020	\$810	\$1,630
55	\$700	\$1,310	\$580	\$1,180	\$990	\$1,950
60	\$1,010	\$1,750	\$840	\$1,560	\$1,360	\$2,600
65	\$1,440	\$2,380	\$1,210	\$2,130	\$1,990	\$3,670
70	\$2,310	\$3,560	\$1,950	\$3,190	\$3,230	\$5,370
75	\$3,890	\$5,490	\$3,260	\$4,940	\$5,310	\$8,210
80	\$6,240	\$8,130	\$5,270	\$7,320	\$8,230	\$12,090

Great American Life Insurance Company

1LTCIP0001 (CA)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum	Policy Benefi	t Amounts		Elimination i	Periods		
☐ 1 Yr.✓ 5 Yrs.☐ See comp	✓ 2 Yrs.✓ 6 Yrs.any's notes, pp	✓ 3 Yrs. ☐ 7 Yrs. 103-121	✓ 4 Yrs.✓ Lifetime	✓ 0 days✓ 20 days☐ 30 days		TYPE ☐ Calendar Day ☐ Service Day	
Nursing Ho	lursing Home Daily Benefit Amounts				tection		
\$50 minimum to \$250 maximum per [day, week or month] offered in increments of \$10.				✓ 5% Compound ☐ Guarantee		nteed Purchase Option	
✓ per day □ per week			□ per month			✓ See company's notes, pp 103-	
☐ See notes,	pp 103-121	☐ Not Avai	lable		121		
Home Car	e Benefit Am	ounts		Residential	Care Facility Da	ily Benefit Amounts	
Represents the percentage of the Nursing Home Daily Benefit Amount.			Represents the Benefit Amoun		Nursing Home Daily		
✓ 100%	□ 90%	✓ 80%	□ 75%	✓ 100%	□ 90% □	80% 🗆 75%	
□ 70%	□ 60%	✓ 50%		□ 70%	☐ See company's	notes, pp 103-121	
☐ See comp	any's notes, pp	103-121					

Waiver of Premium

We will waive any premium that becomes due after 12 days of covered Qualified Long Term Care services are provided during a Plan of Care. Days when covered services are received which are used to satisfy the Elimination Period can be used to satisfy the qualifications for this benefit. We will also refund the pro-rata portion of any premium You have paid for the period You qualify for waiver of premium. * Also have Dual Waiver of Premium as an Optional Rider.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	90 Day Elimination Period.		90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$518	\$1,083	\$448	\$937	\$747	\$1,561
55	\$643	\$1,280	\$556	\$1,107	\$913	\$1,817
60	\$893	\$1,714	\$772	\$1,482	\$1,278	\$2,454
65	\$1,296	\$2,385	\$1,121	\$2,062	\$1,801	\$3,314
70	\$1,987	\$3,398	\$1,718	\$2,938	\$2,739	\$4,684
75	\$3,466	\$5,302	\$2,996	\$4,584	\$4,764	\$7,289
80	\$5,549	\$7,713	\$4,797	\$6,668	\$7,561	\$10,510

John Hancock Life Insurance Company

LTC-02 CA

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ✓ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. ☐ 0 days ✓ 60 days TYPE ☐ 20 days ✓ 5 Yrs. ✓ 6 Yrs ☐ 7 Yrs. ✓ Lifetime ☐ Calendar Day ✓ See company's notes, pp 103-121 ✓ 30 days ☐ 100 days ✓ Service Day **Nursing Home Daily Benefit Amounts** Inflation Protection \$100 minimum to \$500 maximum per [day, week or ☐ Guaranteed Purchase Option month] offered in increments of \$10. ✓ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 ✓ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% ✓ 80% 75% **✓** 100% 90% 80% 75% 70% 60% **✓** 50% **✓** 70% ☐ See company's notes, pp 103-121 ✓ See company's notes, pp 103-121

Waiver of Premium

While receiving benefits and after the satisfaction of the elimination period.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$528	\$1,452	\$440	\$1,210	\$700	\$1,930
55	\$660	\$1,764	\$550	\$1,470	\$840	\$2,330
60	\$888	\$2,064	\$740	\$1,720	\$1,180	\$2,680
65	\$1,260	\$2,616	\$1,050	\$2,180	\$1,670	\$3,490
70	\$2,088	\$3,444	\$1,740	\$2,870	\$2,790	\$4,780
75	\$3,492	\$5,484	\$2,910	\$4,570	\$4,610	\$7,470
80	\$5,700	\$8,496	\$4,750	\$7,080	Not Available	Not Available

Kanawha Insurance Company

82000 1/01 CA

	This policy form is for Comprehensive Long-Term (Tax Qualified.				ividual 1	type policy a	nd is cla	ssified as
Maximum P	olicy Benefit	Amounts		Elimination F	Periods	,		
☐ 1 Yr.☐ 5 Yrs.✓ See compa	✓ 2 Yrs. ☐ 6 Yrs. ny's notes, pp 1	✓ 3 Yrs. ☐ 7 Yrs. 03-121	✓ 4 Yrs.✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 90	days days days	☐ Cale	PE endar Day vice Day
Nursing Home Daily Benefit Amounts				Inflation Protection				
\$50 minimum to \$250 maximum per [day, week or month] offered in increments of \$5. per day per week per month				✓ 5% Compound✓ 5% Simple		✓ Guaranteed Purchase Option☐ See company's notes, pp 103- 121		
✓ See notes, p	p 103-121	☐ Not Availa	able			121		
Home Care	Benefit Amor	unts		Residential Care Facility Daily Benefit Amounts				
Represents th Benefit Amou	e percentage of nt.	the Nursing H	lome Daily	Represents the percentage of the Nursing Home Daily Benefit Amount.			me Daily	
✓ 100%✓ 70%✓ See compa		✓ 80%✓ 50%03-121	✓ 75%	✓ 100% □ 70%	□ 90% □ See	company's no		□ 75% 103-121
Waiver of P	remium							

vvalvei oi Freiiliuili

Premiums waived after 91 consecutive service days.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimination Period.		90 Day Elimination Period.	
3 Y	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$306	\$631	\$274	\$564	\$470	\$968
55	\$383	\$790	\$343	\$708	\$589	\$1,215
60	\$585	\$1,203	\$524	\$1,077	\$834	\$1,715
65	\$969	\$1,881	\$868	\$1,685	\$1,219	\$2,366
70	\$1,773	\$3,155	\$1,588	\$2,826	\$2,039	\$3,628
75	\$3,372	\$5,328	\$3,020	\$4,772	\$3,680	\$5,815
80	Not Available	Not Available	Not Available	Not Available	Not Available	\$0

Life Investors Insurance Company of America

LI 1-FP (CA) 1001

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

iviaximum	Policy Benefit	Amounts		Elimination	Periods			
☐ 1 Yr. ✓ 5 Yrs. ✓ See comp	✓ 2 Yrs. ✓ 6 Yrs. pany's notes, pp	✓ 3 Yrs. ☐ 7 Yrs. 103-121	✓ 4 Yrs.✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 60 day✓ 90 day☐ 100 day	ys \square	TYPE Calendar Day Service Day	
Nursing Ho	me Daily Ben	efit Amount	S	Inflation Pr	otection			
	650 minimum to \$300 maximum per [day, week or monthoffered in increments of \$10.			✓ 5% Compound ☐ Guaran		Guaranteed Po	eed Purchase Option	
✓ per day	per week	·			✓ See company's notes, pp 103- 121			
✓ See notes,	pp 103-121	☐ Not Ava	ilable			121		
Home Car	e Benefit Amo	ounts		Residentia	l Care Facil	ity Daily Ber	efit Amounts	
Represents Benefit Amo	the percentage ount.	of the Nursing	Home Daily	Represents the Benefit Amou		of the Nursing	Home Daily	
✓ 100%	✓ 90%	✓ 80%	✓ 75%	✓ 100%	✓ 90%	✓ 80%	✓ 75%	
✓ 70%	✓ 60%	✓ 50%		✓ 70%	✓ See con	npany's notes,	pp 103-121	
✓ See comp	any's notes, pp	103-121						

Waiver of Premium

Waiver available for NF, RCF, HHC w/ prem waived for life if NF-confined for 180 consec. days. Joint Waiver (spouse prem waived while insured NF-confined) and Survivorship (sps. prem waived for life upon death of insured) available to couples at add'l premium.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	nation Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$584	\$1,670	\$479	\$1,372	\$988	\$2,827
55	\$742	\$1,976	\$609	\$1,622	\$1,147	\$3,054
60	\$920	\$2,213	\$755	\$1,818	\$1,552	\$3,735
65	\$1,296	\$2,720	\$1,064	\$2,234	\$2,328	\$4,887
70	\$2,027	\$3,653	\$1,665	\$3,001	\$3,686	\$6,643
75	\$3,412	\$5,304	\$2,803	\$4,356	\$6,702	\$10,419
80	\$0	\$0	\$4,760	\$6,598	\$0	\$0

LB-6302-P-2-CA(Q) This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ☐ 4 Yrs. ✓ 0 days ☐ 60 days TYPE ☐ 20 days ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ✓ Lifetime ☐ Calendar Day ☐ See company's notes, pp 103-121 ✓ 30 days ☐ 100 days ✓ Service Day **Nursing Home Daily Benefit Amounts** Inflation Protection \$50 minimum to \$250 maximum per [day, week or month] ☐ Guaranteed Purchase Option offered in increments of \$10. ☐ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 □ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75% 70% 60% **✓** 50% □ 70% ☐ See company's notes, pp 103-121

Waiver of Premium

☐ See company's notes, pp 103-121

Lincoln Benefit Life

After confinement in a Nursing Facility or Residential Care Facility for a period of 60 days; days need not be consecutive.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimination Period.		90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$312	\$795	\$284	\$723	\$405	\$1,033
55	\$416	\$873	\$378	\$794	\$540	\$1,134
60	\$624	\$998	\$567	\$907	\$810	\$1,296
65	\$970	\$1,455	\$882	\$1,323	\$1,260	\$1,890
70	\$1,663	\$2,328	\$1,512	\$2,117	\$2,160	\$3,024
75	\$2,703	\$3,514	\$2,457	\$3,194	\$3,510	\$4,563
80	\$4,782	\$5,977	\$4,347	\$5,434	\$6,210	\$7,762

Refer to Section 3 for information on premium increases, if any, since 1990 for this company.

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Massachusetts Mutual Life Insurance Company	MM-200-P-1-CA(C				
This policy form is for Comprehensive Long-Term Care Tax Qualified.	. This is an Individual type policy and is classified as				
Maximum Policy Benefit Amounts	Elimination Periods				
 ☐ 1 Yr. ☐ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs. ☐ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☑ Lifetime ☐ See company's notes, pp 103-121 	 ✓ 0 days ☐ 20 days ✓ 90 days ☐ Calendar Day ✓ 30 days ☐ 100 days ✓ Service Day 				
Nursing Home Daily Benefit Amounts	Inflation Protection				
\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. per day per week per month	✓ 5% Compound ☐ Guaranteed Purchase Option✓ 5% Simple ✓ See company's notes, pp 103				
☐ See notes, pp 103-121 ☐ Not Available	121				
Home Care Benefit Amounts	Residential Care Facility Daily Benefit Amounts				
Represents the percentage of the Nursing Home Daily Benefit Amount.	Represents the percentage of the Nursing Home Daily Benefit Amount.				
✓ 100% ☐ 90% ☐ 80% ☐ 75% ☐ 70% ☐ 60% ☐ 50%	✓ 100% □ 90% □ 80% □ 75% □ 70% □ See company's notes, pp 103-121				

Waiver of Premium

☐ See company's notes, pp 103-121

provided after confinement in a Nursing Facility or Residential Care Facility for a period of 90 days, need not be consecutive days.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	nation Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$311	\$933	\$270	\$811	\$416	\$1,248
55	\$389	\$1,049	\$338	\$913	\$520	\$1,404
60	\$490	\$1,152	\$426	\$1,002	\$656	\$1,542
65	\$789	\$1,579	\$686	\$1,373	\$1,056	\$2,112
70	\$1,375	\$2,379	\$1,196	\$2,069	\$1,840	\$3,183
75	\$2,392	\$3,827	\$2,080	\$3,328	\$3,200	\$5,120
80	\$4,306	\$6,458	\$3,744	\$5,616	\$5,760	\$8,640

Medico Life Insurance Company

ML-LT201TQ(CA)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs ✓ 0 days ☐ 60 days TYPE ☐ 20 days ☐ 90 days ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ✓ Lifetime ☐ Calendar Day ☐ See company's notes, pp 103-121 ✓ 30 days ☐ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$300 maximum per [day, week or month] ☐ Guaranteed Purchase Option offered in increments of \$10. ☐ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. 100% 90% 80% 75% **✓** 100% 90% 80% 75% 70% 60% 50% □ 70% ☐ See company's notes, pp 103-121 ✓ See company's notes, pp 103-121

Waiver of Premium

Nursing and Residential Care Facilities Waiver: Premiums will be waived when we begin paying benefits and premium payments will resume following the date we stop paying benefits. Home Care Waiver: After paying benefits on a regular basis (twelve or more days per month) premiums will be waived until benefits are no longer being paid on a regular basis.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			30** Day Elimination Period.		30** Day Elimination Period.	
3 Ye	ear Maximum P	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$510	\$1,120	Not Available	Not Available	Not Available	Not Available
55	\$560	\$1,200	Not Available	Not Available	Not Available	Not Available
60	\$780	\$1,480	Not Available	Not Available	Not Available	Not Available
65	\$1,230	\$2,190	Not Available	Not Available	Not Available	Not Available
70	\$1,990	\$3,340	Not Available	Not Available	Not Available	Not Available
75	\$3,410	\$5,380	Not Available	Not Available	Not Available	Not Available
80	\$5,560	\$8,230	Not Available	Not Available	Not Available	Not Available

Metropolitan Life Insurance Company

LTC-IDEAL-CA

This policy form is for Comprehensive Long-Term Ca Tax Qualified.				This is an Ind	ividual ty	pe policy ar	nd is cla	assified as
Maximum F	Policy Benefit	Amounts		Elimination Periods				
☐ 1 Yr.	✓ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	\square 0 days	□ 60 (days	TY	PE_
✓ 5 Yrs.	☐ 6 Yrs.	✓ 7 Yrs.	✓ Lifetime	✓ 20 days	□ 90 (days	☐ Cal	endar Day
☐ See compa	iny's notes, pp 1	03-121		\square 30 days	✓ 100	days	✓ Ser	vice Day
Nursing Home Daily Benefit Amounts				Inflation Pro	tection			
\$90 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.			eek or month]	✓ 5% Comp	ound [☐ Guarantee	d Purch	ase Option
✓ per day	per week	per month	l	✓ 5% Simple			any's no	otes, pp 103-
☐ See notes, p	p 103-121	☐ Not Availa	ble			121		
Home Care	Benefit Amou	unts		Residential Care Facility Daily Benefit Amounts			t Amounts	
Represents the Benefit Amou	ne percentage of nt.	the Nursing H	ome Daily	Represents the Benefit Amount	•	ge of the Nur	sing Ho	me Daily
✓ 100%	□ 90%	□ 80%	✓ 75%	✓ 100%	□ 90%	□ 809	%	✓ 75%
□ 70%	□ 60%	✓ 50%		□ 70%	✓ See c	ompany's no	tes, pp	103-121
☐ See compa	any's notes, pp 1	03-121						
Waiver of P	remium							

Takes effect upon benefit eligibilty (after elimination period is satisfied).

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	100** Day Elir	mination Period.	100** Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$481	\$1,087	\$418	\$945	\$686	\$1,550
55	\$585	\$1,306	\$509	\$1,136	\$834	\$1,862
60	\$785	\$1,658	\$683	\$1,442	\$1,119	\$2,364
65	\$1,228	\$2,298	\$1,068	\$1,998	\$1,750	\$3,276
70	\$2,098	\$3,447	\$1,824	\$2,998	\$2,990	\$4,914
75	\$3,809	\$5,607	\$3,313	\$4,875	\$5,431	\$7,993
80	\$6,661	\$8,883	\$5,792	\$7,724	Not Available	Not Available

Metropolitan Life Insurance Company

LTC-PREM-CA

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ✓ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. ☐ 0 days ☐ 60 days TYPE ✓ 20 days ☐ 90 days ✓ 5 Yrs. 6 Yrs ✓ 7 Yrs. ☐ Lifetime Calendar Day ☐ See company's notes, pp 103-121 ☐ 30 days ✓ 100 days ☐ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$90 minimum to \$400 maximum per [day, week or month] ☐ Guaranteed Purchase Option offered in increments of \$10. ✓ 5% Simple ☐ See company's notes, pp 103-✓ per day per week per month 121 □ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% **✓** 75% **✓** 100% 90% 80% **✓** 75% 70% 60% **✓** 50% □ 70% ✓ See company's notes, pp 103-121 ☐ See company's notes, pp 103-121

Waiver of Premium

Takes effect upon benefit eligibilty (after elimination period is satisfied).

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	100** Day Elimination Period.		100** Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$760	\$1,718	\$661	\$1,494	Not Available	Not Available
55	\$912	\$2,037	\$793	\$1,772	Not Available	Not Available
60	\$1,225	\$2,587	\$1,065	\$2,249	Not Available	Not Available
65	\$1,879	\$3,516	\$1,634	\$3,058	Not Available	Not Available
70	\$3,210	\$5,274	\$2,791	\$4,586	Not Available	Not Available
75	\$5,562	\$8,186	\$4,837	\$7,118	Not Available	Not Available
80	\$9,725	\$12,969	\$8,456	\$11,278	Not Available	Not Available

Metropolitan Life Insurance Company

LTC-VAL-CA

This policy form is for Comprehensive Long-Term Car Tax Qualified.				. This is an Ind	ividual type	e policy ar	nd is cla	assified as
Maximum F	Policy Benefit	Amounts		Elimination Periods				
☐ 1 Yr. ✓ 5 Yrs. ☐ See compa	✓ 2 Yrs. ☐ 6 Yrs. Iny's notes, pp 1	✓ 3 Yrs. ✓ 7 Yrs. 03-121	✓ 4 Yrs.✓ Lifetime	□ 0 days✓ 20 days□ 30 days	☐ 60 da☐ 90 da☑ 100 da	ys	☐ Cal	<u>PE</u> endar Day vice Day
Nursing Home Daily Benefit Amounts				Inflation Pro	tection			
\$90 minimum to \$400 maximum per [day, week or month] offered in increments of \$10. ✓ per day ☐ per week ☐ per month				✓ 5% Compound✓ 5% Simple		☐ Guaranteed Purchase Option☐ See company's notes, pp 103- 121		
☐ See notes, p	p 103-121	☐ Not Availa	able					
Home Care	Benefit Amo	unts		Residential Care Facility Daily Benefit Amounts				
Represents the Benefit Amou	ne percentage of nt.	the Nursing F	lome Daily	Represents the Benefit Amount		e of the Nu	rsing Ho	me Daily
✓ 100%☐ 70%☐ See compa	☐ 90% ☐ 60% any's notes, pp 1	□ 80% □ 50% 03-121	✓ 75%	✓ 100% □ 70%	☐ 90% ☐ See cor	☐ 80 mpany's no		☐ 75% 103-121
Waiver of F	remium							
Takes effect i	upon benefit eligi	ibilty (after elin	nination period is	satisfied).				

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	100** Day Elir	mination Period.	100** Day Elimination Period.	
3 Ye	3 Year Maximum Policy Benefit		3 Year Maximu	m Policy Benefit	Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$447	\$1,011	\$389	\$879	\$638	\$1,441
55	\$544	\$1,215	\$473	\$1,056	\$775	\$1,731
60	\$730	\$1,542	\$635	\$1,341	\$1,041	\$2,198
65	\$1,142	\$2,137	\$993	\$1,859	\$1,628	\$3,047
70	\$1,951	\$3,206	\$1,697	\$2,788	\$2,781	\$4,570
75	\$3,543	\$5,214	\$3,081	\$4,534	\$5,051	\$7,433
80	\$6,195	\$8,261	\$5,387	\$7,184	Not Available	Not Available

Monumental Life Insurance Company

MLC 1-FP (CA)1001

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. ✓ 0 days ✓ 60 days TYPE ✓ 20 days ☐ 90 days ✓ 5 Yrs. ✓ 6 Yrs ✓ 7 Yrs. ✓ Lifetime ☐ Calendar Day ✓ See company's notes, pp 103-121 ☐ 30 days ✓ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$400 maximum per [day, week or month] Guaranteed Purchase Option offered in increments of \$10. ✓ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 □ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% **✓** 75% **✓** 100% 90% 80% **✓** 75% 70% 60% **✓** 50% □ 70% ☐ See company's notes, pp 103-121 ☐ See company's notes, pp 103-121

Waiver of Premium

Lifetime WP if in NH 180 days; Joint WP and Survivorship WP are available at extra cost.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	100** Day Elimination Period.		100** Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$540	\$1,562	\$421	\$1,217	\$898	\$2,596
55	\$687	\$1,849	\$536	\$1,441	\$1,043	\$2,804
60	\$852	\$2,070	\$664	\$1,613	\$1,411	\$3,430
65	\$1,200	\$2,544	\$935	\$1,982	\$2,117	\$4,489
70	\$1,878	\$3,418	\$1,463	\$2,663	\$3,352	\$6,101
75	\$3,161	\$4,962	\$2,463	\$3,866	\$6,095	\$9,569
80	\$0	\$0	\$4,183	\$5,856	\$0	\$0

Mutual of Omaha Insurance Company

LCAQ-20321

☐ See company's notes, pp 103-121

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ✓ 1 Yr. ✓ 3 Yrs. 4 Yrs ✓ 0 days ☐ 60 days TYPE ✓ 20 days ✓ Lifetime ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ☐ Calendar Day ☐ See company's notes, pp 103-121 ☐ 30 days ☐ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$40 minimum to \$300 maximum per [day, week or month] Guaranteed Purchase Option offered in increments of \$10. ✓ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75%

Waiver of Premium

60%

☐ See company's notes, pp 103-121

✓ 50%

70%

For Confined Care, prems are waived after 90 consecutive day of confinement beyond the Elim Period. For Home Care, prems are waived after covered home care services are rec'd on a regular basis (at least 3 days out of every 7) for 90 consecutive days

□ 70%

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	90 Day Elimination Period.		90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$449	\$1,387	\$378	\$1,168	\$631	\$1,950
55	\$698	\$1,767	\$586	\$1,482	\$923	\$2,335
60	\$1,004	\$2,129	\$840	\$1,781	\$1,242	\$2,633
65	\$1,416	\$2,563	\$1,186	\$2,146	\$1,693	\$3,065
70	\$2,173	\$3,629	\$1,789	\$2,988	\$2,512	\$4,194
75	\$3,756	\$6,085	\$3,062	\$4,961	\$4,248	\$6,882
80	\$0	\$0	\$5,303	\$7,583	\$7,514	\$10,746

Mutual Protective Insurance Company

MP-LT201TQ(CA)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs ✓ 0 days ☐ 60 days TYPE ☐ 20 days ☐ 90 days ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ✓ Lifetime ☐ Calendar Day ☐ See company's notes, pp 103-121 ✓ 30 days ☐ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$300 maximum per [day, week or month] ☐ Guaranteed Purchase Option offered in increments of \$10. ☐ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. 100% 90% 80% 75% **✓** 100% 90% 80% 75% 70% 60% 50% □ 70% ☐ See company's notes, pp 103-121 ✓ See company's notes, pp 103-121

Waiver of Premium

Nursing and Residential Care Facilities Waiver: Premiums will be waived when we begin paying benefits and premium payments will resume following the date we stop paying benefits. Home Care Waiver: After paying benefits on a regular basis (twelve or more days per month) premiums will be waived until benefits are no longer being paid on a regular basis.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			30** Day Elimination Period.		30** Day Elimination Period.	
3 Y	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$510	\$1,120	Not Available	Not Available	Not Available	Not Available
55	\$560	\$1,200	Not Available	Not Available	Not Available	Not Available
60	\$780	\$1,480	Not Available	Not Available	Not Available	Not Available
65	\$1,230	\$2,190	Not Available	Not Available	Not Available	Not Available
70	\$1,990	\$3,340	Not Available	Not Available	Not Available	Not Available
75	\$3,410	\$5,380	Not Available	Not Available	Not Available	Not Available
80	\$5,560	\$8,230	Not Available	Not Available	Not Available	Not Available

New	York	Life	Insurance	Compar	١٧
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ILTC-4300(CA)(898)

Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs ☐ 0 days ☐ 60 days TYPE ✓ 20 days ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ✓ Lifetime ☐ Calendar Day ☐ See company's notes, pp 103-121 ☐ 30 days ☐ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$300 maximum per [day, week or month] Guaranteed Purchase Option offered in increments of \$10. ✓ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% **✓** 90% **✓** 80% 75% **✓** 100% 90% 80% 75% **✓** 70% **✓** 60% **✓** 50% □ 70% ☐ See company's notes, pp 103-121 ☐ See company's notes, pp 103-121

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as

Waiver of Premium

If the optional Enhancement rider is attached to the policy, then premiums are waived as soon as benefits are paid under the Nursing Home or Home Care benefit. If the rider is not attached, then premiums are waived once benefits have been paid for 90 days for Nursing Home or Home Care service. This requirement must be satisfied once for each period of care.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	90 Day Elimination Period.		90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$397	\$1,125	\$326	\$922	\$494	\$1,449
55	\$605	\$1,541	\$496	\$1,263	\$743	\$1,965
60	\$853	\$1,976	\$699	\$1,619	\$1,034	\$2,490
65	\$1,291	\$2,670	\$1,058	\$2,188	\$1,544	\$3,325
70	\$2,021	\$3,719	\$1,657	\$3,048	\$2,390	\$4,599
75	\$3,533	\$5,741	\$2,896	\$4,706	\$4,168	\$7,089
80	\$5,791	\$8,464	\$4,747	\$6,938	\$6,795	\$10,341

Northwestern Long	g Term Care	Insurance	Company
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RS.LTC.(1101)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ☐ 4 Yrs. ☐ 0 days ☐ 60 days TYPE ☐ 20 days ✓ Lifetime ☐ 5 Yrs. ✓ 6 Yrs ☐ 7 Yrs. Calendar Day ✓ See company's notes, pp 103-121 ☐ 30 days ☐ 100 days ☐ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$250 maximum per [day, week or month] Guaranteed Purchase Option offered in increments of \$10. ☐ 5% Simple ☐ See company's notes, pp 103-✓ per day per week per month 121 □ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75% 70% 60% **✓** 50% □ 70% ☐ See company's notes, pp 103-121 ☐ See company's notes, pp 103-121 Waiver of Premium

The Company will waive premiums on the policy when there are 91 days on which Qualifying Expenses are incurred, or the Beginning Date is met, if sooner.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	45* Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 \	3 Year Maximum Policy Benefit		3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$556	\$2,026	\$484	\$1,762	\$691	\$2,773
55	\$687	\$2,168	\$598	\$1,885	\$862	\$2,963
60	\$918	\$2,476	\$798	\$2,153	\$1,156	\$3,335
65	\$1,272	\$2,945	\$1,106	\$2,561	\$1,607	\$3,929
70	\$2,076	\$4,144	\$1,806	\$3,604	\$2,629	\$5,494
75	\$3,431	\$5,956	\$2,984	\$5,179	\$4,341	\$7,855
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

Pennsylvania Life Insurance Company	P34 CA (Rev 1/02			
This policy form is for Comprehensive Long-Term Care. Tax Qualified.	This is an Individual type policy and is classified as			
Maximum Policy Benefit Amounts	Elimination Periods			
 □ 1 Yr. □ 2 Yrs. □ 3 Yrs. □ 4 Yrs. □ 5 Yrs. □ 6 Yrs. □ 7 Yrs. ☑ Lifetime ☑ See company's notes, pp 103-121 	✓ 0 days ☐ 60 days ✓ 20 days ✓ 90 days ☐ 30 days ☐ 100 days TYPE Calendar Day Service Day			
Nursing Home Daily Benefit Amounts	Inflation Protection			
\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$25. per day per week per month	✓ 5% Compound ✓ Guaranteed Purchase Option □ 5% Simple □ See company's notes, pp 103-			
☐ See notes, pp 103-121 ☐ Not Available	121			
Home Care Benefit Amounts	Residential Care Facility Daily Benefit Amounts			
Represents the percentage of the Nursing Home Daily Benefit Amount.	Represents the percentage of the Nursing Home Daily Benefit Amount.			
✓ 100% ☐ 90% ☐ 80% ☐ 75% ☐ 70% ☐ 60% ☐ 50%	✓ 100% ☐ 90% ☐ 80% ☐ 75% ☐ 70% ☐ See company's notes, pp 103-121			

Waiver of Premium

☐ See company's notes, pp 103-121

The insured must receive long term care benefits for 90 days before premiums are waived. Waived benefits will continue as long as the insured is receiving long term care benefits.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

20* Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Y	ear Maximum P	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	Not Available	Not Available	Not Available	\$304	\$617
55	Not Available	Not Available	Not Available	Not Available	\$332	\$674
60	Not Available	Not Available	Not Available	Not Available	\$443	\$837
65	Not Available	Not Available	Not Available	Not Available	\$753	\$1,288
70	Not Available	Not Available	Not Available	Not Available	\$1,273	\$1,973
75	Not Available	Not Available	Not Available	Not Available	\$2,053	\$2,915
80	Not Available	Not Available	Not Available	Not Available	\$3,407	\$4,634

Physicians Mutual Insurance Company

Chronically ill individual for 6 months

P104BB

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. ✓ 0 days ✓ 60 days TYPE ☐ 20 days ✓ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ✓ Lifetime ✓ Calendar Day ☐ See company's notes, pp 103-121 ✓ 30 days ☐ 100 days ☐ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$1500 minimum to \$9000 maximum per [day, week or Guaranteed Purchase Option month] offered in increments of \$300. ✓ 5% Simple ☐ See company's notes, pp 103-☐ per day per week ✓ per month 121 □ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% **✓** 75% **✓** 100% 90% 80% 75% 70% 60% 50% □ 70% ☐ See company's notes, pp 103-121 ☐ See company's notes, pp 103-121 Waiver of Premium

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	nation Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$473	\$866	\$361	\$660	\$595	\$1,089
55	\$565	\$1,018	\$430	\$776	\$759	\$1,368
60	\$775	\$1,372	\$589	\$1,043	\$997	\$1,764
65	\$1,122	\$1,919	\$846	\$1,446	\$1,398	\$2,391
70	\$1,866	\$3,004	\$1,404	\$2,261	\$2,384	\$3,839
75	\$3,296	\$4,779	\$2,490	\$3,611	\$4,141	\$6,005
80	\$5,270	\$6,886	\$3,954	\$5,140	\$6,471	\$8,412

State Farm Mutual Automobile Insurance Company

not be seperated by more than 15 consecutive days.

97058CA.1

This policy form is for Comprehensive Long-Term Care. Tax Qualified.	This is an Individual type policy and is classified as
Maximum Policy Benefit Amounts	Elimination Periods
 □ 1 Yr. ☑ 2 Yrs. ☑ 3 Yrs. □ 4 Yrs. ☑ 5 Yrs. □ 6 Yrs. □ 7 Yrs. ☑ Lifetime ☑ See company's notes, pp 103-121 	□ 0 days □ 60 days TYPE □ 20 days ☑ 90 days □ Calendar Day ☑ 30 days □ 100 days □ Service Day
Nursing Home Daily Benefit Amounts	Inflation Protection
\$75 minimum to \$400 maximum per [day, week or month] offered in increments of \$25. ✓ per day ☐ per week ☐ per month ☐ See notes, pp 103-121 ☐ Not Available	✓ 5% Compound ☐ Guaranteed Purchase Option ✓ 5% Simple ☐ See company's notes, pp 103- 121
Home Care Benefit Amounts	Residential Care Facility Daily Benefit Amounts
Represents the percentage of the Nursing Home Daily Benefit Amount.	Represents the percentage of the Nursing Home Daily Benefit Amount.
✓ 100% ☐ 90% ☐ 80% ☐ 75% ☐ 70% ☐ 60% ☐ 50% ☐ See company's notes, pp 103-121	✓ 100% ☐ 90% ☐ 80% ☐ 75% ☐ 70% ☐ See company's notes, pp 103-121
Waiver of Premium	

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Premiums are waived after 90 days of Qualified LTC Services. The days do not have to be consecutive but they can

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$401	\$992	\$373	\$918	\$624	\$1,426	
55	\$521	\$1,168	\$473	\$1,078	\$817	\$1,715	
60	\$736	\$1,467	\$665	\$1,348	\$1,165	\$2,246	
65	\$1,052	\$1,912	\$948	\$1,740	\$1,680	\$3,024	
70	\$1,875	\$2,976	\$1,682	\$2,692	\$2,883	\$4,643	
75	\$3,090	\$4,607	\$2,737	\$4,116	\$4,820	\$7,046	
80	\$5,529	\$7,433	\$4,804	\$6,518	\$8,279	\$11,167	

The State Life Insurance Company

consecutive.

S-6000-P-2-CA(Q)

This policy form is for Comprehensive Long-Term Catax Qualified.				This is an Indiv	vidual type poli	cy and is classified as	
Maximum F	Policy Benefit	Amounts		Elimination P	eriods		
☐ 1 Yr. ✓ 5 Yrs. ☐ See compa	☐ 2 Yrs. ☐ 6 Yrs. any's notes, pp 1	✓ 3 Yrs. ☐ 7 Yrs. 03-121	☐ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	☐ 60 days✓ 90 days☐ 100 days	TYPE ☐ Calendar Day ☑ Service Day	
Nursing Hor	me Daily Bene	efit Amounts	i e	Inflation Prote	ection		
\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.				✓ 5% Compo	_	☐ Guaranteed Purchase Option	
✓ per day☐ per week☐ per month☐ See notes, pp 103-121☐ Not Available					V See 0	company's notes, pp 103-	
Home Care	Benefit Amo	unts		Residential C	are Facility D	aily Benefit Amounts	
Represents the Benefit Amou	ne percentage of int.	the Nursing F	lome Daily	Represents the Benefit Amount.		e Nursing Home Daily	
✓ 100% ☐ 70% ☐ See compa	☐ 90% ☐ 60% any's notes, pp 1	□ 80% □ 50% 03-121	□ 75%	✓ 100% □ 70%	_	☐ 80% ☐ 75% y's notes, pp 103-121	
Waiver of P	remium						
Provided afte	r confinement in	a nuring facilit	ty or residential ca	are facility for a pe	eriod of 90 days,	days need not be	

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$289	\$650	\$251	\$565	\$386	\$869	
55	\$352	\$703	\$306	\$612	\$470	\$941	
60	\$452	\$791	\$393	\$688	\$605	\$1,058	
65	\$854	\$1,281	\$743	\$1,114	\$1,142	\$1,714	
70	\$1,457	\$2,112	\$1,267	\$1,837	\$1,949	\$2,826	
75	\$2,311	\$3,235	\$2,009	\$2,813	\$3,091	\$4,328	
80	\$4,320	\$5,832	\$3,756	\$5,071	\$5,779	\$7,802	

Transamerica Life Insurance Company

Maximum Daliay Danafit Amay

TLC 1-FP (CA) 1001

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum	Maximum Policy Denetit Amounts				Penous		
☐ 1 Yr. ☑ 5 Yrs. ☑ See comp	✓ 2 Yrs. ✓ 6 Yrs. pany's notes, pp	✓ 3 Yrs. ☐ 7 Yrs. 103-121	✓ 4 Yrs.✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days			TYPE Calendar Day Service Day
Nursing Home Daily Benefit Amounts				Inflation Pro	otection		
\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.			✓ 5% Comp	oound 🗌 Gua	☐ Guaranteed Purchase Option		
✓ per day	per week		th	✓ 5% Simple		company's	notes, pp 103-
See notes,	pp 103-121	☐ Not Ava	ilable		121		
Home Car	re Benefit Am	ounts		Residential	Care Facility I	Daily Bene	efit Amounts
Represents Benefit Amo	the percentage ount.	of the Nursing	Home Daily	Represents the Benefit Amour	e percentage of t nt.	he Nursing	Home Daily
✓ 100%	✓ 90%	✓ 80%	✓ 75%	✓ 100%	✓ 90%	✓ 80%	✓ 75%
✓ 70%	✓ 60%	✓ 50%		✓ 70%	✓ See compar	ny's notes, p	p 103-121
✓ See comp	pany's notes, pp	103-121					

Waiver of Premium

Waiver available for NF, RCF, HHC w/ prem waived for life if NF-confined for 180 consec. days. Joint Waiver (spouse prem waived while insured NF-confined) and Survivorship (sps. prem waived for life upon death of insured) available to couples at add'l premium.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimi	nation Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$584	\$1,670	\$479	\$1,372	\$988	\$2,827
55	\$742	\$1,976	\$609	\$1,622	\$1,147	\$3,054
60	\$920	\$2,213	\$755	\$1,818	\$1,552	\$3,735
65	\$1,296	\$2,720	\$1,064	\$2,234	\$2,328	\$4,887
70	\$2,027	\$3,653	\$1,665	\$3,001	\$3,686	\$6,643
75	\$3,412	\$5,304	\$2,803	\$4,356	\$6,702	\$10,419
80	\$0	\$0	\$4,760	\$6,598	\$0	\$0

Transamerica Occidental Life Insurance Company

TOL 1-FP (CA)1001

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination F	eriods			
☐ 1 Yr.✓ 5 Yrs.✓ See compa	☐ 2 Yrs. ☑ 6 Yrs. any's notes, pp 1	✓ 3 Yrs. ☐ 7 Yrs. 03-121	✓ 4 Yrs.✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 60 da✓ 90 da✓ 100 d	ys	TYPE ☐ Calenda ✓ Service	•
Nursing Hor	me Daily Bene	efit Amounts		Inflation Prof	tection			
\$50 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.			✓ 5% Compo	ound 🗹	✓ Guaranteed Purchase Option		Option	
✓ per day	per week	☐ per month	1	✓ 5% Simple ✓ See com			any's notes,	pp 103-
✓ See notes, p	p 103-121	☐ Not Availa	able			121		
Home Care	Benefit Amo	unts		Residential (Care Facil	ity Daily E	Benefit Am	ounts
Represents the Benefit Amou	he percentage of int.	f the Nursing H	ome Daily	Represents the Benefit Amount		e of the Nur	sing Home [Daily
✓ 100%☐ 70%☐ See compa	☐ 90% ☐ 60% any's notes, pp 1	□ 80% ☑ 50% 03-121	□ 75%	✓ 100% ✓ 70%	☐ 90% ☐ See cor	☐ 80% mpany's not	% □ 7 tes, pp 103-	'5% 121
•								

Waiver of Premium

Standard Waiver available under NH, ALF & HHC. Lifetime waiver available under NH. Joint Waiver and Survivorship available for extra premium.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$603	\$1,742	\$501	\$1,446	\$1,043	\$3,013
55	\$766	\$2,061	\$636	\$1,711	\$1,210	\$3,255
60	\$950	\$2,308	\$789	\$1,916	\$1,638	\$3,981
65	\$1,338	\$2,837	\$1,111	\$2,355	\$2,457	\$5,209
70	\$2,094	\$3,811	\$1,738	\$3,164	\$3,890	\$7,080
75	\$3,524	\$5,532	\$2,926	\$4,594	\$7,073	\$11,105
80	\$0	\$0	\$4,970	\$6,958	\$0	\$0

Unum Life Insurance Company of America

LTC99PQ3

Tax Qualified		prenensive Lo	ong-Term Care	. This is an ind	ividual type po	olicy and is o	ciassified as
Maximum P	Maximum Policy Benefit Amounts				Periods		
☐ 1 Yr. ✓ 5 Yrs. ☐ See compa	✓ 2 Yrs.✓ 6 Yrs.ny's notes, pp 1	✓ 3 Yrs. ☐ 7 Yrs. 03-121	✓ 4 Yrs. ✓ Lifetime	☐ 0 days ☑ 20 days ☑ 30 days	✓ 60 days✓ 90 days☐ 100 days	□с	IYPE alendar Day ervice Day
Nursing Home Daily Benefit Amounts				Inflation Pro	tection		
\$1500 minimum to \$8000 maximum per [day, week or month] offered in increments of \$100. □ per day □ per week ☑ per month □ See notes, pp 103-121 □ Not Available			1	✓ 5% Comple		e company's	chase Option notes, pp 103-
Home Care	Benefit Amo	unts		Residential (Care Facility	Daily Bene	fit Amounts
Represents the Benefit Amount	ne percentage of	f the Nursing H	lome Daily	Represents the Benefit Amount		the Nursing I	Home Daily
✓ 100% ☐ 70% ☐ See compa	☐ 90% ☑ 60% iny's notes, pp 1	№ 80% □ 50% 03-121	□ 75%	✓ 100% □ 70%	☐ 90% ☐ See compa	□ 80% any's notes, p	☐ 75% p 103-121
Waiver of P	remium						

After satisfaction of the Elimination Period and receiving benefits, premium will be waived. Premium paid for the Elimination Period will be refunded.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimination Period.		90 Day Elimination Period.	
3 \	ear Maximum F	Policy Benefit	3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$425	\$1,059	\$354	\$882	\$677	\$1,685
55	\$521	\$1,158	\$425	\$965	\$812	\$1,803
60	\$745	\$1,445	\$621	\$1,204	\$1,124	\$2,181
65	\$1,166	\$2,029	\$972	\$1,691	\$1,691	\$2,943
70	\$1,879	\$2,932	\$1,566	\$2,443	\$2,695	\$4,205
75	\$3,110	\$4,354	\$2,591	\$3,628	\$4,406	\$6,168
80	Not Available	Not Available	\$4,106	\$5,296	\$6,921	\$8,928

Unum Life Insurance Company of America

Elimination Period will be refunded.

LTC99TQ3

This policy for Tax Qualified	nis policy form is for Comprehensive Long-Term Ca ax Qualified. aximum Policy Benefit Amounts			. This is an Indi	ividual type	e policy ar	nd is cla	assified as
Maximum P	olicy Benefit A	Amounts		Elimination F	Periods			
☐ 1 Yr. ✓ 5 Yrs. ☐ See compa	✓ 2 Yrs. ✓ 6 Yrs. ny's notes, pp 10	✓ 3 Yrs. ☐ 7 Yrs. ☐3-121	✓ 4 Yrs. ✓ Lifetime	☐ 0 days ☑ 20 days ☑ 30 days	✓ 60 da✓ 90 da☐ 100 da	ys	☐ Cal	<u>PE</u> endar Day vice Day
Nursing Hon	ne Daily Bene	Inflation Prof	tection					
\$1500 minimum to \$8000 maximum per [day, week or month] offered in increments of \$100. ☐ per day ☐ per week ☑ per month ☐ See notes, pp 103-121 ☐ Not Available			1	✓ 5% Compo✓ 5% Simple	_			nase Option otes, pp 103-
Home Care	Benefit Amou	unts		Residential Care Facility Daily Benefit Amounts				
Represents th Benefit Amou	e percentage of nt.	the Nursing H	ome Daily	Represents the Benefit Amount		e of the Nu	rsing Ho	ome Daily
✓ 100%☐ 70%☐ See compa	☐ 90% ☑ 60% ny's notes, pp 1	✓ 80% □ 50% 03-121	□ 75%	✓ 100% ☐ 70%	☐ 90% ☐ See cor	☐ 80⁴ mpany's no		☐ 75% 103-121
Waiver of P	remium							
After satisfact	ion of the Elimina	ation Period ar	nd receiving ben	efits, premium wi	Il be waived	d. Premium	n paid fo	or the

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 \	ear Maximum F	Policy Benefit	3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$675	\$1,682	\$563	\$1,402	\$1,169	\$2,912
55	\$865	\$1,920	\$721	\$1,600	\$1,496	\$3,321
60	\$1,283	\$2,488	\$1,069	\$2,074	\$2,213	\$4,294
65	\$2,026	\$3,524	\$1,688	\$2,937	\$3,498	\$6,087
70	\$3,060	\$4,774	\$2,550	\$3,978	\$5,324	\$8,305
75	\$4,767	\$6,674	\$3,973	\$5,562	\$8,346	\$11,685
80	Not Available	Not Available	\$5,860	\$7,560	\$12,510	\$16,138

Bankers Life and Casualty Company

GR-N380

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum F	kimum Policy Benefit Amounts			Elimination	Periods		
✓ 1 Yr.✓ 5 Yrs.✓ See compa	✓ 2 Yrs.✓ 6 Yrs.Iny's notes, pp 1	✓ 3 Yrs. ☐ 7 Yrs. 03-121	✓ 4 Yrs.✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days		TYPE ☐ Calendar Day ☑ Service Day	
Nursing Hor	ne Daily Ben	efit Amounts	3	Inflation Pro	otection		
	\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.			✓ 5% Comp	pound Guara	☐ Guaranteed Purchase Option	
per day per week per month				company's notes, pp 103-			
See notes, p	✓ See notes, pp 103-121 □ Not Available				121		
Home Care	Benefit Amo	unts		Residential	Care Facility D	aily Benefit Amounts	
Represents the Benefit Amou	ne percentage o nt.	f the Nursing I	Home Daily	Represents th Benefit Amour		e Nursing Home Daily	
1 00%	□ 90%	□ 80%	□ 75%	✓ 100%	□ 90%	□ 80% □ 75%	
☐ 70 %	□ 60%	✓ 50%		□ 70%	☐ See company	/'s notes, pp 103-121	
□ See compa	any's notes, pp	103-121					

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximum Policy Benefit		Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$457	\$1,203	\$411	\$1,082	\$726	\$2,031
55	\$606	\$1,515	\$544	\$1,362	\$957	\$2,517
60	\$865	\$1,980	\$778	\$1,780	\$1,349	\$3,218
65	\$1,304	\$2,655	\$1,172	\$2,386	\$2,000	\$4,233
70	\$2,102	\$3,743	\$1,889	\$3,365	\$3,170	\$5,872
75	\$3,375	\$5,348	\$3,034	\$4,807	\$4,946	\$8,122
80	\$5,248	\$7,812	\$4,717	\$7,022	\$0	\$0

Kanawha Insurance Company

82120 NTQ 9/01 CA

	This policy form is for Comprehensive Long-Term Non-Tax Qualified.				ndividual ty _l	oe policy a	nd is class	ified as
Maximum	Policy Benefit	Amounts		Elimination	n Periods			
☐ 1 Yr. ☐ 5 Yrs. ✓ See comp	✓ 2 Yrs. ☐ 6 Yrs. pany's notes, pp	✓ 3 Yrs. ☐ 7 Yrs. 103-121	✓ 4 Yrs.✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 90 d	lays	TYPE ☐ Calend ☐ Service	dar Day
Nursing Home Daily Benefit Amounts				Inflation P	rotection			
\$50 minimum to \$250 maximum per [day, week or month] offered in increments of \$5. ✓ per day ☐ per week ☐ per month		✓ 5% Cor✓ 5% Sim	_	✓ Guaranteed Purchase Option☐ See company's notes, pp 103-				
✓ See notes, pp 103-121			lable			121		
Home Car	e Benefit Amo	ounts		Residentia	al Care Fac	cility Daily	Benefit A	mounts
Represents Benefit Amo	the percentage cunt.	of the Nursing	Home Daily	Represents Benefit Amo	the percentaç unt.	ge of the Nu	ırsing Home	e Daily
✓ 100%✓ 70%✓ See comp		✓ 80% ✓ 50% 103-121	✓ 75%	✓ 100% □ 70%	☐ 90% ☐ See co	☐ 80 ompany's no		, .
Waiver of	Premium							
Premiums w	aived after 91 co	nsecutive ser	vice days.					

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	nation Period.	90 Day Elimination Period.	
3 Y	ear Maximum F	Policy Benefit	3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$321	\$661	\$288	\$593	\$494	\$1,017
55	\$402	\$829	\$360	\$743	\$618	\$1,275
60	\$614	\$1,262	\$550	\$1,131	\$876	\$1,801
65	\$1,017	\$1,974	\$911	\$1,768	\$1,280	\$2,484
70	\$1,862	\$3,313	\$1,667	\$2,967	\$2,141	\$3,810
75	\$3,540	\$5,594	\$3,171	\$5,010	\$3,864	\$6,106
80	Not Available	Not Available	Not Available	Not Available	Not Available	\$0

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ☐ 4 Yrs. ✓ 0 days ☐ 60 days TYPE ☐ 20 days ✓ Lifetime ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ☐ Calendar Day ☐ See company's notes, pp 103-121 ✓ 30 days ☐ 100 days ✓ Service Day **Nursing Home Daily Benefit Amounts** Inflation Protection \$50 minimum to \$250 maximum per [day, week or month] ☐ Guaranteed Purchase Option offered in increments of \$10. ☐ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 □ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75% 70% 60% **✓** 50% □ 70% ☐ See company's notes, pp 103-121

Waiver of Premium

☐ See company's notes, pp 103-121

Lincoln Benefit Life

After confinement in a Nursing Facility or Residential Care Facility for a period of 60 days; days need not be consecutive.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$312	\$795	\$284	\$723	\$405	\$1,033
55	\$416	\$873	\$378	\$794	\$540	\$1,134
60	\$624	\$998	\$567	\$907	\$810	\$1,296
65	\$970	\$1,455	\$882	\$1,323	\$1,260	\$1,890
70	\$1,663	\$2,328	\$1,512	\$2,117	\$2,160	\$3,024
75	\$2,703	\$3,514	\$2,457	\$3,194	\$3,510	\$4,563
80	\$4,782	\$5,977	\$4,347	\$5,434	\$6,210	\$7,762

Refer to Section 3 for information on premium increases, if any, since 1990 for this company.

LB-6302-P-2-CA(NQ)

Medico Life Insurance Company

ML-LT201(CA)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs ✓ 0 days ☐ 60 days TYPE ☐ 20 days ☐ 90 days ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ✓ Lifetime ☐ Calendar Day ☐ See company's notes, pp 103-121 ✓ 30 days ☐ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$300 maximum per [day, week or month] Guaranteed Purchase Option offered in increments of \$10. ☐ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. 100% 90% 80% 75% **✓** 100% 90% 80% 75% 70% 60% 50% □ 70% ☐ See company's notes, pp 103-121

Waiver of Premium

✓ See company's notes, pp 103-121

Nursing and Residential Care Facilities Waiver: Premiums will be waived when we begin paying benefits and premium payments will resume following the date we stop paying benefits. Home Care Waiver: After paying benefits on a regular basis (twelve or more days per month) premiums will be waived until benefits are no longer being paid on a regular basis.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	30** Day Elim	nination Period.	30** Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$560	\$1,250	Not Available	Not Available	Not Available	Not Available
55	\$630	\$1,340	Not Available	Not Available	Not Available	Not Available
60	\$880	\$1,660	Not Available	Not Available	Not Available	Not Available
65	\$1,380	\$2,460	Not Available	Not Available	Not Available	Not Available
70	\$2,230	\$3,740	Not Available	Not Available	Not Available	Not Available
75	\$3,830	\$6,050	Not Available	Not Available	Not Available	Not Available
80	\$6,240	\$9,240	Not Available	Not Available	Not Available	Not Available
Refer	to Section 3 f	or information or	n premium increa	ases, if any, since	e 1990 for this co	ompany.

Individual

Mutual of Omaha Insurance Company

LCA-20320

75%

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ✓ 1 Yr. ✓ 3 Yrs. 4 Yrs ✓ 0 days ☐ 60 days TYPE ✓ 20 days ✓ Lifetime ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ☐ Calendar Day ☐ See company's notes, pp 103-121 ☐ 30 days ☐ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$40 minimum to \$300 maximum per [day, week or month] Guaranteed Purchase Option offered in increments of \$10. ✓ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount.

Waiver of Premium

90%

60%

☐ See company's notes, pp 103-121

80%

✓ 50%

✓ 100%

70%

For Confined Care, prems are waived after 90 consecutive day of confinement beyond the Elim Period. For Home Care, prems are waived after covered home care services are rec'd on a regular basis (at least 3 days out of every 7) for 90 consecutive days beyond the Elim Pd.

✓ 100%

□ 70%

90%

80%

☐ See company's notes, pp 103-121

75%

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	90 Day Elimination Period.		90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$499	\$1,543	\$416	\$1,287	\$695	\$2,147
55	\$776	\$1,964	\$643	\$1,627	\$1,016	\$2,571
60	\$1,116	\$2,366	\$923	\$1,956	\$1,366	\$2,895
65	\$1,574	\$2,850	\$1,303	\$2,359	\$1,862	\$3,371
70	\$2,416	\$4,034	\$1,968	\$3,287	\$2,762	\$4,613
75	\$4,171	\$6,757	\$3,368	\$5,457	\$4,673	\$7,570
80	\$0	\$0	\$5,832	\$8,340	\$8,266	\$11,820

Mutual Protective Insurance Company

MP-LT201(CA)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs ✓ 0 days ☐ 60 days TYPE ☐ 20 days ☐ 90 days ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ✓ Lifetime ☐ Calendar Day ☐ See company's notes, pp 103-121 ✓ 30 days ☐ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$300 maximum per [day, week or month] ☐ Guaranteed Purchase Option offered in increments of \$10. ☐ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. 100% 90% 80% 75% **✓** 100% 90% 80% 75% 70% 60% 50% □ 70% ☐ See company's notes, pp 103-121 ✓ See company's notes, pp 103-121

Waiver of Premium

Nursing and Residential Care Facilities Waiver: Premiums will be waived when we begin paying benefits and premium payments will resume following the date we stop paying benefits. Home Care Waiver: After paying benefits on a regular basis (twelve or more days per month) premiums will be waived until benefits are no longer being paid on a regular basis.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminati	ion Period.	30** Day Elimination Period.		30** Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximum Policy Benefit		Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$560	\$1,250	Not Available	Not Available	Not Available	Not Available
55	\$630	\$1,340	Not Available	Not Available	Not Available	Not Available
60	\$880	\$1,660	Not Available	Not Available	Not Available	Not Available
65	\$1,380	\$2,460	Not Available	Not Available	Not Available	Not Available
70	\$2,230	\$3,740	Not Available	Not Available	Not Available	Not Available
75	\$3,830	\$6,050	Not Available	Not Available	Not Available	Not Available
80	\$6,240	\$9,240	Not Available	Not Available	Not Available	Not Available

New	York	Life	Insurance	Company	,
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NQ-ILTC-4400(CA)(898)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs ☐ 0 days ☐ 60 days TYPE ✓ 20 days ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ✓ Lifetime ☐ Calendar Day ☐ See company's notes, pp 103-121 ☐ 30 days ☐ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$300 maximum per [day, week or month] Guaranteed Purchase Option offered in increments of \$10. ✓ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% **✓** 90% **✓** 80% 75% **✓** 100% 90% 80% 75% **✓** 70% **✓** 60% **✓** 50% □ 70% ☐ See company's notes, pp 103-121 ☐ See company's notes, pp 103-121

Waiver of Premium

If the optional Enhancement rider is attached to the policy, then premiums are waived as soon as benefits are paid under the Nursing Home or Home Care benefit. If the rider is not attached, then premiums are waived once benefits have been paid for 90 days for Nursing Home or Home Care service. This requirement must be satisfied once for each period of care.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

20* Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$397	\$1,125	\$326	\$922	\$494	\$1,449
55	\$605	\$1,541	\$496	\$1,263	\$743	\$1,965
60	\$853	\$1,976	\$699	\$1,619	\$1,034	\$2,490
65	\$1,291	\$2,670	\$1,058	\$2,188	\$1,544	\$3,325
70	\$2,021	\$3,719	\$1,657	\$3,048	\$2,390	\$4,599
75	\$3,533	\$5,741	\$2,896	\$4,706	\$4,168	\$7,089
80	\$5,791	\$8,464	\$4,747	\$6,938	\$6,795	\$10,341

Pennsylvania Life Insurance Company	P30 CA (Rev 1/02			
This policy form is for Comprehensive Long-Term Care Non-Tax Qualified.	. This is an Individual type policy and is classified as			
Maximum Policy Benefit Amounts	Elimination Periods			
 □ 1 Yr. □ 2 Yrs. □ 3 Yrs. □ 4 Yrs. □ 5 Yrs. □ 6 Yrs. □ 7 Yrs. ☑ Lifetime ☑ See company's notes, pp 103-121 	✓ 0 days ☐ 60 days ✓ 20 days ✓ 90 days ☐ 30 days ☐ 100 days TYPE Calendar Day Service Day			
Nursing Home Daily Benefit Amounts	Inflation Protection			
\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$25. per day per week per month	✓ 5% Compound✓ Guaranteed Purchase Option☐ 5% Simple✓ See company's notes, pp 103-			
☐ See notes, pp 103-121 ☐ Not Available	121			
Home Care Benefit Amounts	Residential Care Facility Daily Benefit Amounts			
Represents the percentage of the Nursing Home Daily Benefit Amount.	Represents the percentage of the Nursing Home Daily Benefit Amount.			
✓ 100% □ 90% □ 80% □ 75% □ 70% □ 60% □ 50%	✓ 100% □ 90% □ 80% □ 75% □ 70% □ See company's notes, pp 103-121			

Waiver of Premium

☐ See company's notes, pp 103-121

The insured must receive long term care benefits for 90 days before premiums are waived. Waived benefits will continue as long as the insured is receiving long term care benefits.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

90 Day Elimination Period.		90 Day Elimination Period.		
3 Year Maximu	3 Year Maximum Policy Benefit		Lifetime Benefit	
No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
Not Available	Not Available	\$312	\$633	
Not Available	Not Available	\$341	\$692	
Not Available	Not Available	\$455	\$860	
Not Available	Not Available	\$774	\$1,324	
Not Available	Not Available	\$1,309	\$2,029	
Not Available	Not Available	\$2,111	\$2,998	
Not Available	Not Available	\$3,502	\$4,762	
	No Inflation Protection Not Available	No Inflation Protection Not Available Not Available	No Inflation Protection Not Available Not Available	

Physicians Mutual Insurance Company

Begin after individual is diabled for 6 months.

P103BB

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. ✓ 0 days ✓ 60 days TYPE ☐ 20 days ✓ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ✓ Lifetime ✓ Calendar Day ☐ See company's notes, pp 103-121 ✓ 30 days ☐ 100 days ☐ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$1500 minimum to \$9000 maximum per [day, week or Guaranteed Purchase Option month] offered in increments of \$300. ✓ 5% Simple ☐ See company's notes, pp 103-☐ per day per week ✓ per month 121 □ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% **✓** 75% **✓** 100% 90% 80% 75% 70% 60% 50% □ 70% ☐ See company's notes, pp 103-121 ☐ See company's notes, pp 103-121 Waiver of Premium

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$497	\$910	\$380	\$693	\$627	\$1,143
55	\$593	\$1,069	\$452	\$815	\$797	\$1,436
60	\$813	\$1,440	\$619	\$1,095	\$1,047	\$1,853
65	\$1,179	\$2,016	\$888	\$1,518	\$1,465	\$2,510
70	\$1,959	\$3,154	\$1,471	\$2,374	\$2,504	\$4,031
75	\$3,460	\$5,018	\$2,615	\$3,792	\$4,348	\$6,305
80	\$5,561	\$5,562	\$4,151	\$5,397	\$6,795	\$8,833